



YARDLEY LEAGUE NETBALL AGE BANDING APPLICATION FORM

Name of Player _____ Club _____
 County _____ Region _____
 Date of Birth _____ Today's Date _____
 Requesting to Play in Age Group _____ Competition _____

Correspondence to be sent to:

Name _____
 Address _____

 _____ Post Code _____

Telephone Numbers:

Home _____ Work _____ Mobile _____
 Email _____

The following must be completed and returned to the address shown below before approval can be given for any athlete to play out of her age band. Permission will only be granted for those players deemed to be 'exceptional'.

1)	Is the player currently in the England Performance Pathway (e.g. Satellite, County, Regional Academy)?	YES <input type="checkbox"/> Please proceed to question 2	
		NO <input type="checkbox"/> Please proceed to question 3	
2)	Please state the level of the Performance Pathway the player is currently in, and the venue of the Academy		
3)	What level of competition is the player currently involved in?		
4)	What is the reason for the age band request?		
5)	Who will support/mentor the player during the process for her feeling of 'ease' with the transition?	Name	Position
6)	What monitoring strategy has been agreed by all interested parties?		

Please complete and tick the appropriate box

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| • She has shown the physical ability to compete at a higher level | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • She has shown the emotional ability to transition to a higher age band | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • Her technical and tactical ability is at the level of the higher age band | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • Her progress will be regularly monitored | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • The Team Coach has discussed this application with the player, the Team Captain and the players' parent(s)/guardian(s) (if the player is Under 16 years of age) | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

Signed: _____ Coach
 _____ Player
 _____ Parent (if player is under 16)

Please return the completed form to:
 Mary Yardley
 36 Chevin Road, Derby, DE1 3EX